

## TOPICAL IMMUNOMODULATORS PA SUMMARY

<b>PREFERRED</b>	Protopic, Elidel.
<b>NON-PREFERRED</b>	None

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Preferred agents require claims history demonstrating use of a prescription strength topical steroid in the past 90 days except for children 2 – 12 years old for facial eczema.
- ❖ If no prescription strength topical steroid is in history, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 1 topical steroid.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).